


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 016 ****61.25

DOCUMENT # 705069			
1. Entity Name CHRISTIAN SCIENCE SOCIETY, INC. TITUSVILLE, FLORIDA			
Principal Place of Business 333 S. WASHINGTON AVE. TITUSVILLE FL 32780		Mailing Address PO BOX 1677 TITUSVILLE FL 32796	
2. Principal Place of Business - No P.O. Box # 333 So. WASHINGTON AVE.		3. Mailing Address P.O. Box 1677	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL	
Zip 32796	Country USA	Zip 32781-1677	Country USA
4. FEI Number 59-2327302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEMERT, MARTYN VAN 3752 SAWGRASS DR. TITUSVILLE FL 32780		7. Name and Address of New Registered Agent Name GLENN PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 6380 WHISPERING LANE City TITUSVILLE FL Zip Code 32780	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAGNE, BETTY MS 603 E PLANTATION DRIVE TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GLENN PHILLIPS 6380 WHISPERING LANE TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, MARIEL 1159 COUNTRY CLUB DR TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PEGGY COOPER 2655 BOBCAT TRAIL TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOL, MARY 773 E PLANTATION DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NINA ROWLAND 781 PLANTATION DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN HEMERT, MARTYN 3752 SAWGRASS DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/ASSIST. TREAS. LAURA JACOBS 565 JANA DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELIZABETH MONTAGNE 603 E. PLANTATION DRIVE TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER MARIEL SISSON APT. 306, 525 INDIAN RIVER AVENUE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Jacobs* LAURA JACOBS

APRIL 4, 2008 321-383-1888